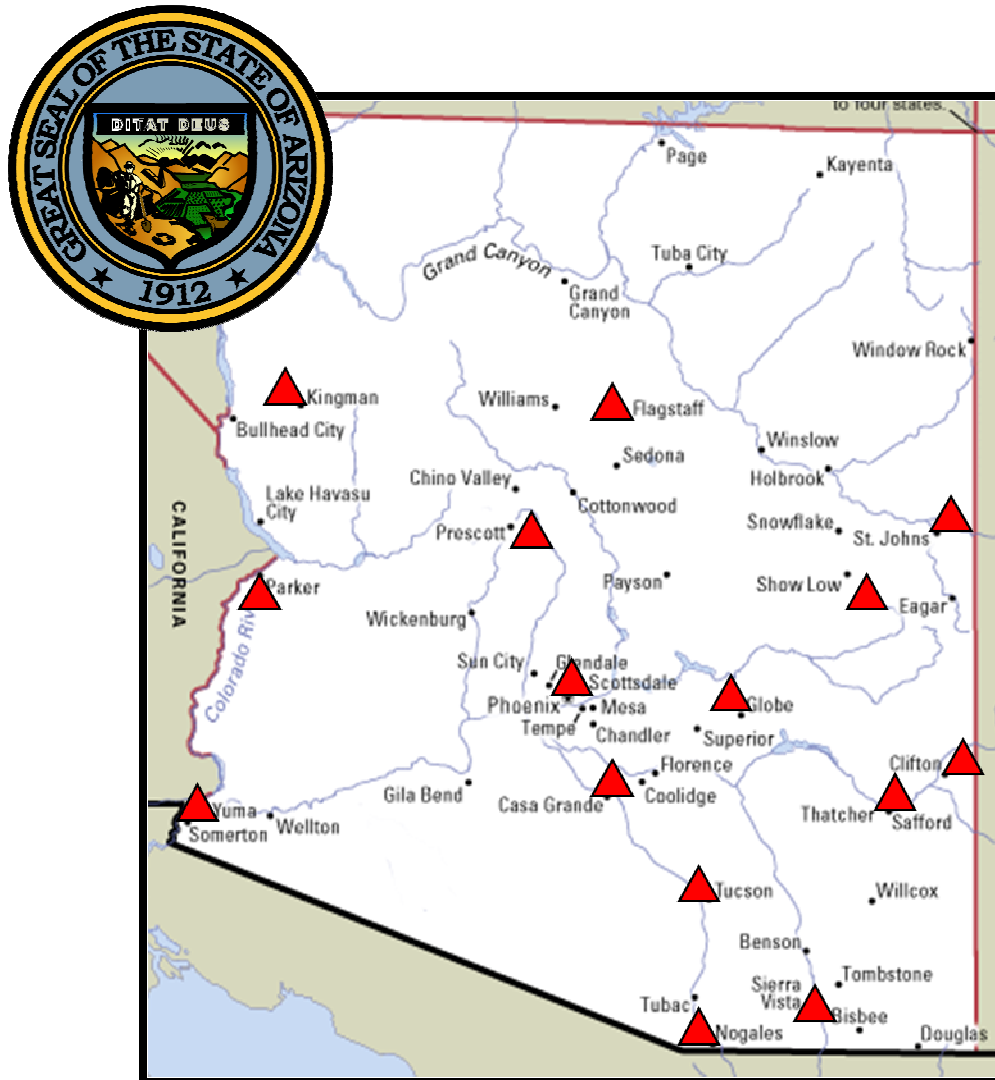


2008-2009 Report on Phase III Outcomes of the Arizona Anti-Methamphetamine Coalitions



Provided to the Governor's Office for Children, Youth and Families –
Division for Substance Abuse Policy
by Pima Prevention Partnership
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The map on the cover page represents the locations of the 17 Anti-Meth Coalitions whose accomplishments and outcomes are presented in this report.

Executive Summary

In response to emerging data illustrating a growing methamphetamine problem in the State of Arizona, then-Governor Janet Napolitano and her Office for Children, Youth and Families-Division for Substance Abuse Policy created a statewide Anti-Methamphetamine (Anti-Meth) Initiative in January 2006. Funding was awarded by the Parents Commission on Drug Education and Prevention to community coalitions statewide to combat the methamphetamine problem at the community level. These Anti-Meth Coalitions were required by the state to utilize the federally-sanctioned Strategic Prevention Framework (SPF) to develop and execute comprehensive community-level plans for methamphetamine prevention, and were provided training and technical assistance in this framework by Pima Prevention Partnership (PPP). PPP worked with coalitions throughout the Anti-Meth Initiative to: 1) ensure the effective use of the SPF in creating coalition prevention plans; and 2) evaluate coalition efforts.

The Arizona Anti-Meth Initiative has taken place in three phases from January 2006 to April 2009. Each phase of the initiative followed the steps of the Strategic Prevention Framework to ensure a data driven approach to community-based methamphetamine prevention efforts.

- Phase I (2006-2007): 22 Anti-Meth coalitions funded to complete community needs assessments and assets regarding methamphetamine prevention
- Phase II (2007-2008): 17 Anti-Meth coalitions funded to build organizational capacity to implement prevention efforts, complete community-level strategic plans for methamphetamine prevention, and initiate planned prevention efforts

In April 2008, 15 Anti-Meth coalitions were granted Phase III funds to implement their strategic plans in their communities. At the conclusion of the Arizona Anti-Meth Initiative in April 2009, the coalitions demonstrated significant achievements in the following three benchmarks:

- Reduction or prevention of methamphetamine use/abuse
- Increase in awareness of the impact of methamphetamine on the community
- Increases in community mobilization and coalition functioning

It appears that the combination of community coalition-led efforts, aggressive local, state, and federal enforcement, and state-level Arizona Meth Task Force coordination has proven to be successful in reducing key meth use rates in Arizona. The State of Arizona is well on its way toward building a statewide network of community coalitions to combat methamphetamine use in Arizona, with many new coalitions being developed over the past three years and previously established coalitions increasing their capacity for effective action.

Key Outcomes of the Arizona Anti-Meth Initiative

- **Lifetime use of meth among 8th, 10th, and 12th graders went down from 4.6% to 2.9%, with a steep decline between 2006 and 2008**
- **Past 30-day use of meth among 8th, 10th, and 12th graders went down from 1.3% to 0.6%, the lowest rate since the AYS has tracked this information.**
- **Anti-Meth coalitions were active in 97 Arizona cities and towns with a total population of over 2 million people, or 34% of the total Arizona population**

Arizona Anti-Methamphetamine Initiative Structure and Reach

Background

In January 2006, the Parents Commission on Drug Education and Prevention awarded Anti-Meth Initiative Phase I funding to 22 community coalitions throughout Arizona to combat the methamphetamine problem at the community level. In April 2008, Anti-Meth Initiative grantees which were funded for Phase II were asked to respond to a Request for Grant Application (RFGA) in order to receive Phase III funding. The following 15 community coalitions were funded in Phase III:

Table 1: Phase III Anti-Meth Coalition Geographic Areas and Area Populations

Coalition	Geographic Area(s)	Population
Apache County	Chinle, Ft. Defiance, Ganado, Sanders, Window Rock; non-reservation population in southern Apache County: Alpine, Concho, Eager, McNary, Springerville, St. Johns, Vernon	15,232*
Cochise County	Cochise County	135,150
Coconino County Anti-Meth Coalition	Coconino County	124,953
Gila County	Gila County (over half of county is occupied by the San Carlos Indian Reservation)	52,209
Graham County	Graham County (Contains part of San Carlos Apache Tribe)	33,660
Greenlee County	Greenlee County	8,300
Kingman Area Chapter of the Mohave County Anti-Meth Coalition	Kingman	208,645
La Paz County	La Paz County	21,000
MatForce (Yavapai County Anti-Meth)	Yavapai County	213,285
Meth Free Alliance (Pima County)	Targeted neighborhoods in Tucson	518,956
Navajo County (NavCO Coalition Against Drug Abuse)	Navajo Nation, Navajo County	111,399
North East Valley (Maricopa County)	Carefree, Cave Creek, Fort McDowell Yavapai Nation, Fountain Hills, Paradise Valley, Salt River Pima-Maricopa Indian Community, and Scottsdale	293,318
Pinal County Anti-Meth	Pinal County	271,059
Santa Cruz County	Santa Cruz County	45,245
Yuma County	San Luis, Somerton, Gadsden, and Yuma	189,480 in County
Total		2,241,659

Note: All population figures were drawn from the Anti-Meth Phase II applications or 2006 Census data, except those noted with an asterisk, which were obtained from 2000 Census data. Towns and cities included in this report represent information provided in the Phase II applications and/or towns and cities used in the U.S. Census Bureau database. Additionally, it should be noted that coalition efforts and collaboration may overlap between towns, counties, and reservations.

By the conclusion of the Arizona Anti-Meth Initiative in April 2009, funded coalitions reported partnering with total of 492 agencies and organizations throughout the state, reaching 97 cities and towns and roughly 34% of Arizona's population. For more detailed information about the geographic reach of Anti-Meth Coalition efforts, see Table 1 above and Figure 1 below.

Strategic Plans: Goals & Strategies

A primary objective of the Strategic Prevention Framework (SPF) model is to address substance abuse through the use of environmental strategies which focus on changing aspects of the environment that contribute to the use of alcohol and other drugs. Primarily, environmental strategies aim to decrease the social and health consequences of substance abuse at a population or community level by limiting access to substances and changing social norms that are accepting and permissive of substance abuse. Environmental strategies can change public laws, policies, and practices to create environments that decrease the probability of substance abuse.

During Phase III, Anti-Meth coalitions engaged in local community planning efforts and collectively identified 42 strategies and interventions that were to be implemented in the next year. While Anti-Meth Coalitions were not required to employ environmental strategies, a little over one third of the strategies being implemented were environmental (see Figure 1 for more detailed information).

By the end of the Arizona Anti-Meth Initiative, the progress coalitions made on their environmental strategies was as follows:

Arizona Anti-Meth Coalition Progress on Environmental Strategies

- Just under half (41%) of the planned strategies were completed
- Over half (55%) of the planned strategies were in progress
- A small percentage (2%) of the strategies were not been started

During Phase III, coalitions collectively identified 42 goals that they would strive to meet through implementing their strategic plans, an average of 3 goals per coalition. The majority of coalitions (13) identified goals specific to the reduction of methamphetamine use or increased community/individual awareness regarding the dangers of drug use. Other commonly identified goals pertained to building capacity through evaluation or coalition development. As of the conclusion of the Arizona Anti-Meth Initiative, significant progress had been made in accomplishing coalition goals:

Arizona Anti-Meth Initiative Progress on Coalition Goals

- One third (14) of the goals had been completed
- 60% (25) of the goals were in progress
- A small percentage (7%) of goals had not been started

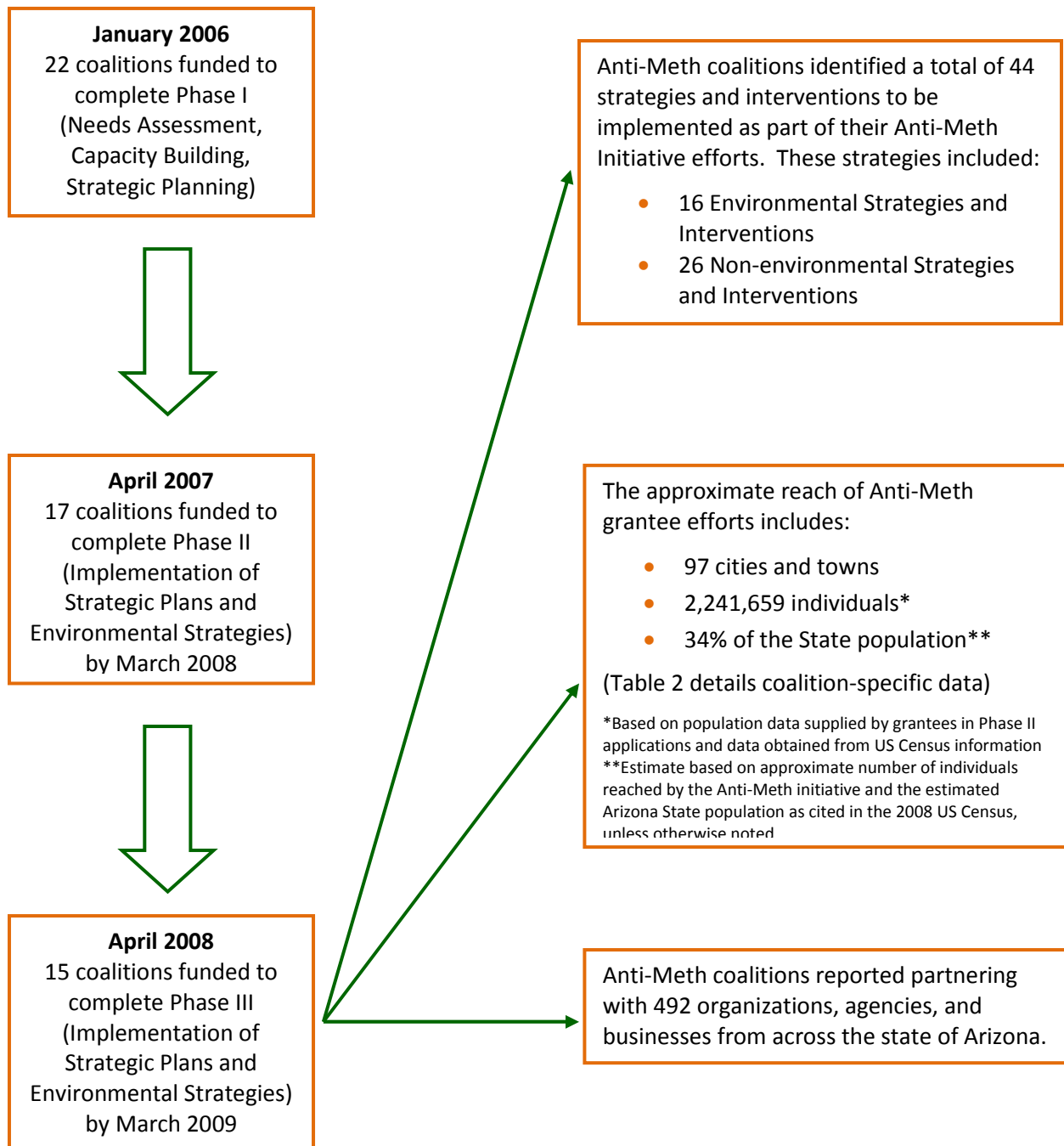


Figure 1: Anti-Meth Coalitions Structure & Reach

Grantee Accomplishments & Outcomes

Community Mobilization and Capacity Building

A critical indicator of success for the Arizona Anti-Meth Initiative was to show improvements in areas of community mobilization and capacity building. By way of comparison, prior to the beginning of the Arizona Anti-Methamphetamine Initiative in 2006, only one community coalition existed in the state with a primary focus on reducing methamphetamine use and consequences. By March 2009, all Anti-Meth Coalitions operated with strategic plans and multiple community connections. Community mobilization and capacity building efforts included:

- Assessing community indicator data
- Identifying and coordinating community resources
- Increasing local community awareness of, and readiness to address, methamphetamine use and consequences
- Improving coalition capacity to respond to the methamphetamine issues
- Developing sustainable community prevention efforts

Examples of Improvements in Community Mobilization Indicators among Arizona Anti-Methamphetamine Coalitions, 2007-2009

Coalition Participation in Community Events:
up from 65% to 100%

Coalition Collaboration with Local Community Organizations:
up 158%, from 310 to 492

Coalition Development Efforts Aimed at Sustainability:
up from 53% to 60%

As displayed in Figure 2, Anti-Meth coalitions engaged in a variety of activities that built capacity for their communities to mobilize around the problem of methamphetamine use and its associated consequences. One of the benchmarks that Arizona Anti-Meth coalitions were expected to demonstrate was increased awareness in their communities of the impact of methamphetamine. Coalitions achieved this benchmark by utilizing the media, participating in community forums and town halls, and by receiving and/or conducting trainings.

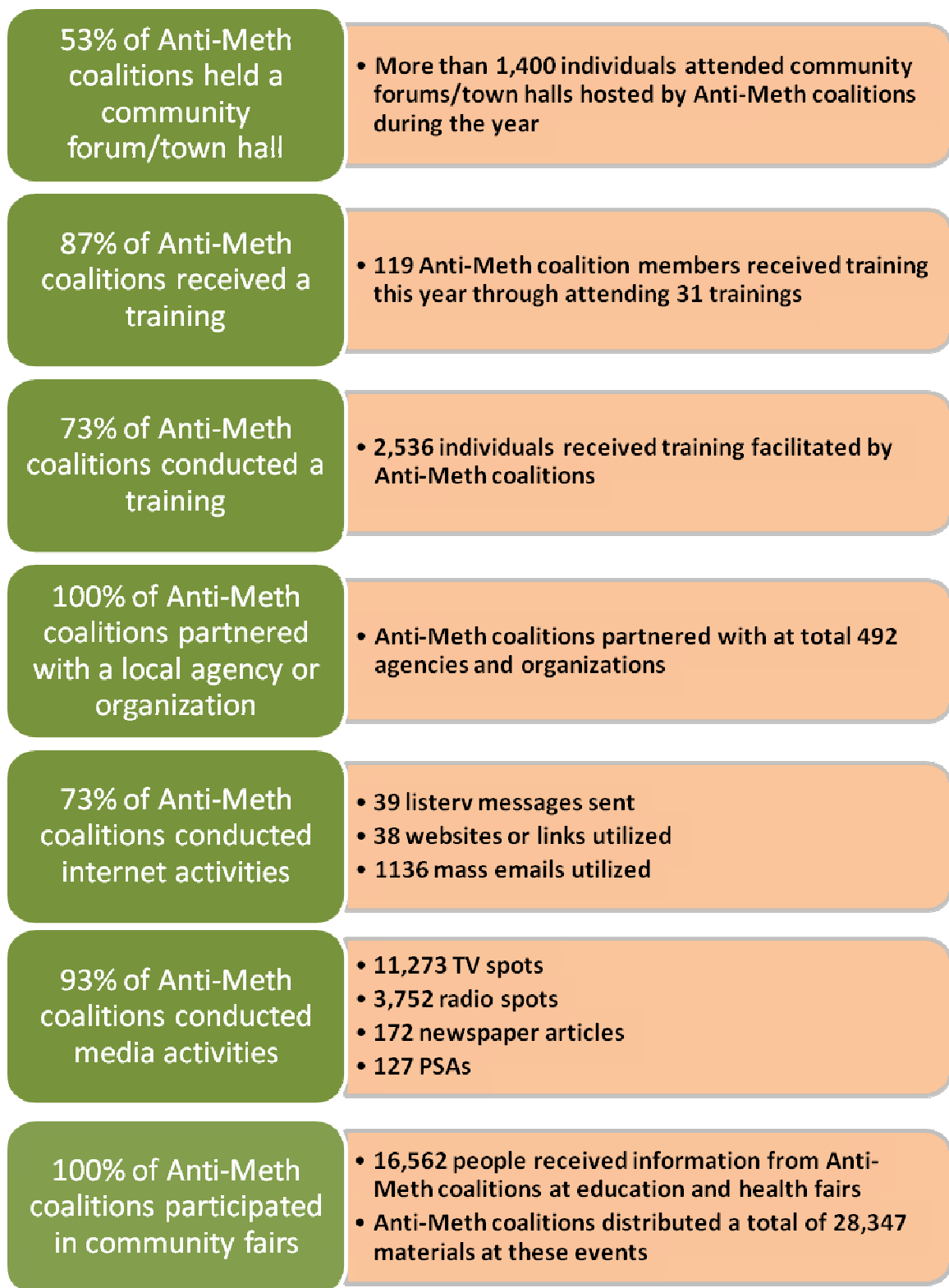


Figure 2: Coalition Activities Conducted

Coalition Data Collection Activities

An important aspect of a community's capacity to respond to substance abuse issues is the ability to acquire and use data to inform strategic planning and monitor progress. In Phase III Anti-Meth coalitions were tasked with using local data to demonstrate a reduction or prevention of methamphetamine use/abuse. As shown in Table 2, all Anti-Meth coalitions (100%) reported collecting local data during Phase III. Just under half of the coalitions (40%) reported having contracted an evaluator and having collected data. Additionally, more than half of the coalitions reported they had collected local level indicator data to assess their community's needs surrounding methamphetamine use and its associated consequences. One third of the coalitions reported having used new data to modify or change their goals and objectives or having developed community-level indicators.

Table 2: Evaluation and Data Collection Activities

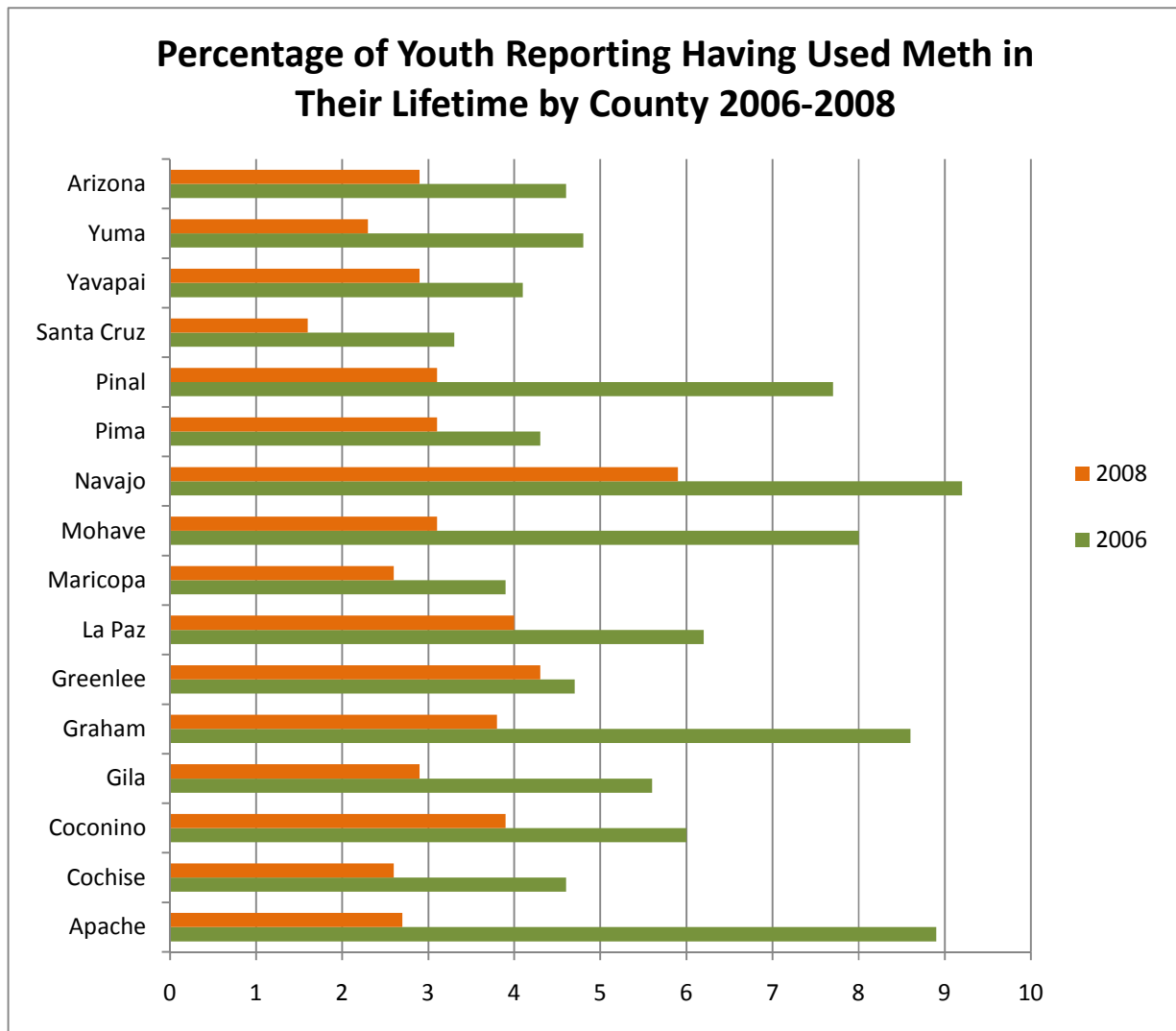
Data Collection Activities	Number of Coalitions Reporting Activity	Percentage of Coalitions
Coalition has an evaluator contracted	6	40%
Assessed community needs	9	56%
Collected data	15	100%
Used any new data to modify/change goals and objectives listed in strategic plan	5	33%
Developed community-level indicators	5	33%

During Phase III, Anti-Meth coalitions were tasked with demonstrating reductions in, and prevention of, methamphetamine use/abuse using one or more of the following data sources: Arizona Youth Survey; county-specific epidemiology profiles; hospital discharge reports; emergency department visit reports; arrestee data; and crime reports. Data was to be collected in the areas of prevention, treatment, and enforcement, each of which will be reviewed here separately.

Prevention Data

Methamphetamine prevention data was collected by the Arizona Criminal Justice Commission utilizing the Arizona Youth Survey (AYS). The 2008 AYS shows that methamphetamine use by youth in Arizona: 1) varies by geography; and 2) has decreased in all Arizona counties, in some instances by 50% or more. The percent of youth reporting past 30-day meth use varies from 0.3% to 1.8%. Overall, coalitions reported a reduction in past 30-day methamphetamine use by 8th, 10th and 12th graders, based upon AYS data. Tables 3 and 4 illustrate the patterns of methamphetamine use among Arizona youth from 2006 to 2008, the most recent available data matching the timeframe of the Arizona Anti-Meth Initiative.

Table 3: Lifetime Meth Use among Arizona Youth by County

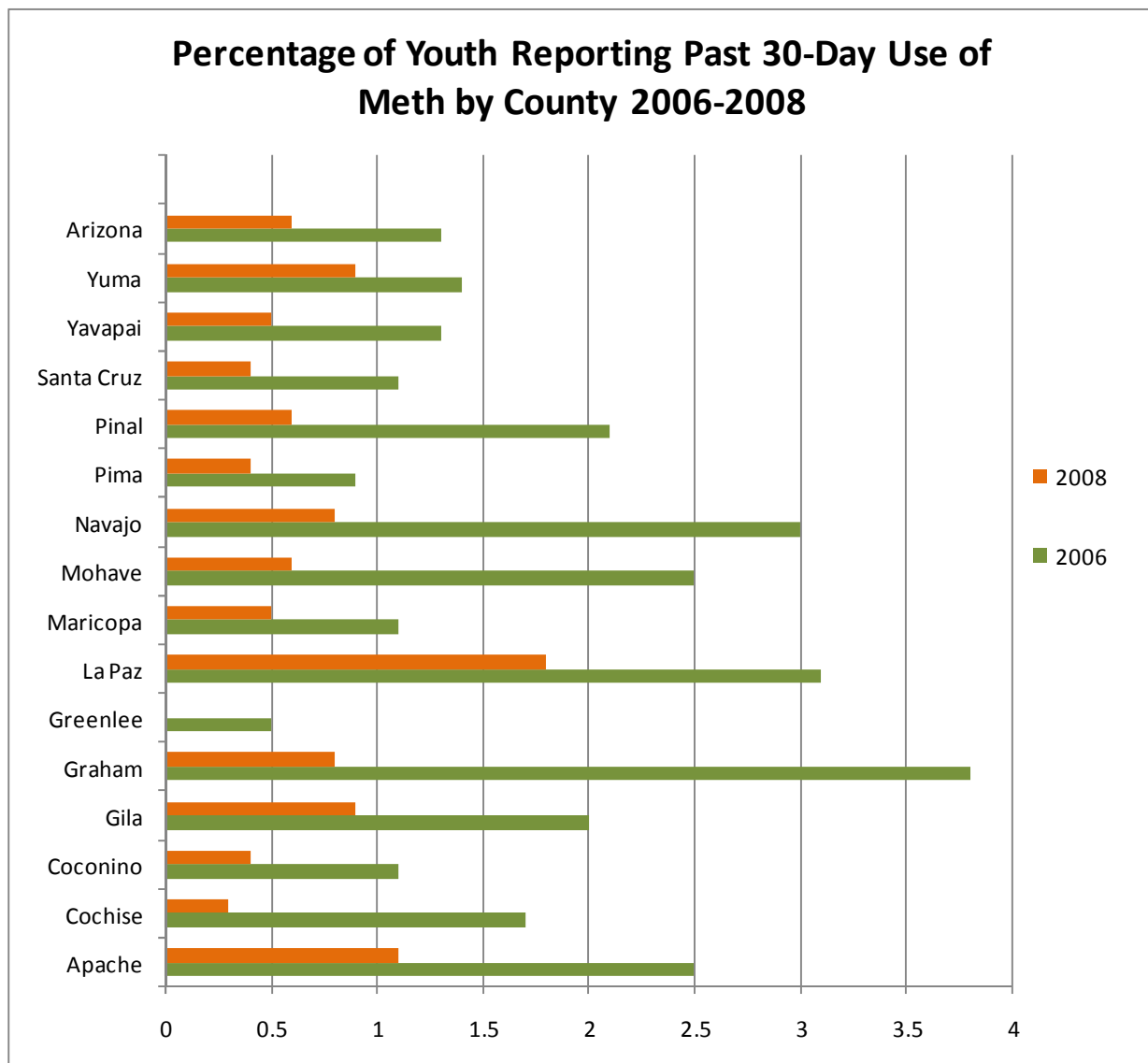


Source: Arizona Criminal Justice Commission, Arizona Youth Survey 2008 Methamphetamine Fact Sheet

*Apache County only surveyed 8th graders in 2008

**Age of first meth use was used to calculate lifetime data

Table 4: Past 30-Day Meth Use among Arizona Youth by County



Source: Arizona Criminal Justice Commission, Arizona Youth Survey 2008 Methamphetamine Fact Sheet

**Apache County only surveyed 8th graders in 2008

It is important to note that these lifetime and 30-day use indicators were available on-line from the Arizona Criminal Justice Commission to all coalitions for use in planning and implementation. The AYS was a reliable source of standardized data identified and used by all coalitions.

Enforcement Data

One of the consequences of methamphetamine use in a community is meth-related criminal activity. Anti-Meth coalitions collected enforcement data to reflect current trends in meth-related crime at the community level. All Anti-Meth coalitions had membership that included representation from law

enforcement, and coalitions were asked to partner with law enforcement agencies in their communities to obtain crime data. A significant challenge for communities in Arizona in collecting crime data is that the methods of data collection can vary from jurisdiction to jurisdiction, and from agency to agency. Therefore, enforcement data reported by the coalitions was not consistent in terms of the reporting period used to gather the data (annually versus quarterly), types of data collected (arrests versus cases), and numbers versus percentages. Despite the lack of standardized crime indicators, community level crime data is an important tool for coalitions to use both in assessing the scope of the methamphetamine problem, and in monitoring the impact of their efforts.

- Apache County reported a decrease in the number of meth-related arrests. In 2006, the Eagar Police Department reported 9 meth-related arrests. In 2007 there were 13 meth-related arrests reported by EPD and SJPD. This decreased in 2008, to 9 meth-related arrests for both EPD and SJPD.
- The Graham County Anti-Meth Coalition reported on arrestee data from the Safford Police Department showing a decrease in youth and adult arrests for Quarter 2: zero youth arrests and five adult arrests.
- Greenlee County reported a decrease in percentage of meth-related cases for residents in the County Jail. In 2006 the rate was 70% and by 2008 it had decreased to below 30%. From January 2007 to now, zero meth-positive drug tests for Juvenile Probationers. A reduction in the percentage of meth-related child dependency cases has also been reported, from 90% in mid-2005 to 20% in 2008.
- Navajo County reported a decrease in female drug-related arrests from 23 in August 2008 to 10 in September 2008.
- The Northeast Valley Coalition Against Methamphetamine used data from the City of Scottsdale Police Department that showed a decrease of 191 methamphetamine specific drug cases for 2007-08. In 2006-07 599 cases were reported and in 2007-08 408 were reported.
- Santa Cruz County used data from the Arizona Criminal Justice Commission showing a decrease in methamphetamine-related arrests for 2006-2008. In 2006 there were 13 methamphetamine-related arrests and in 2008 there were 6 methamphetamine-related arrests. Data indicated an increase in drug-related arrests during the same period from 386 drug-related arrests in 2006 to 451 drug-related arrests in 2008. (Note: these numbers include adults and juveniles).
- Yuma County Meth Nucleus Group reported a decrease in the number of students reporting having been arrested in Yuma County as follows: Decrease in .50 % of 8th graders from 9.5% in 2006 to 9.0% in 2008; Decrease of 2.0% of 10th graders from 12.0% in 2006 to 10.0% in 2008; Increase in .80% of 12th graders from 12.0% in 2006 to 18.0% in 2008.

These findings do show reductions in the number of methamphetamine-related arrests and cases among youth and adults in most of the communities with active Anti-Meth coalitions. However, because of the differences in how each community collected this data, definitive conclusions cannot be drawn that link these reductions together or that link them to specific coalition activities.

Treatment Data

Arizona Anti-Meth coalitions collected treatment data to reflect current trends in methamphetamine emergency room visits at the community level, another indicator of the consequences of meth use.

Again, due to differences in how data is collected by local emergency rooms, treatment data reported by the coalitions was not consistent in terms of the reporting period used to gather the data (annually versus biannually), types of data collected (diagnoses versus ambulance calls), and numbers versus percentages. The following coalitions reported treatment data:

- Greenlee County reported a decrease in the percentage of meth-related Ambulance calls. In 2006, approximately 25% of calls were meth-related compared to less than 10% in 2008.
- The Northeast Valley Coalition Against Methamphetamine reported on methamphetamine and other psycho stimulant-related emergency room visits in Maricopa County, which decreased from 3,617 visits in 2005 to 1,831 visits in 2007. During the same period, non-methamphetamine related emergency room visits have increased from 10,546 visits in 2005 to 12,246 visits in 2007.
- Yuma County Meth Nucleus Group reported on drug-related diagnoses in Yuma County, which showed drug related emergency department visits lower in Yuma County than the state average: Yuma County rate of .45 per 10,000; statewide rate is approximately 1.85 per 10,000.

These findings do indicate decreases in the number of methamphetamine-related diagnoses and emergency room visits for adults. However, because of the differences in the methods of data collection, definitive conclusions cannot be drawn that link these reductions together or that link them to specific coalition activities.

Cultural Competency Activities

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations (Cross et al., 1989; Isaacs & Benjamin, 1991). Anti-Meth coalitions were asked to report on any cultural competency activities that were conducted and/or attended, thus improving their ability to work effectively with specific populations.

During Phase III, Anti-Meth coalitions engaged in cultural competency activities focused on working effectively with youth, tribes, and Spanish speakers. As can be seen in Table 5, the majority (93%) reported that coalition members attended youth-centered activities. About two-thirds (67%) of the coalitions reported sponsoring/organizing youth-centered activities. Examples of other cultural competency activities in which coalitions participated include:

- Five members of the Meth Free Alliance in Pima County attended the Arizona Substance Abuse Counselors State Conference which increased their awareness of Native American substance abuse recovery and HIV education resources.
- The Northeast Valley Coalition Against Methamphetamine completed the “Identity Theft-10 Tips to Help Keep You Protected” flyer. The flyer was translated into Spanish and distributed at all events.
- The Yavapai County Methamphetamine Advisory Task Force Recovery Month committee planned to have Spanish flyers and a translation booth at the Prescott Recovery Month Celebration. Spanish-speaking community members received promotional information.

Table 5: Cultural Competency Outcomes

Cultural Competency Activity	Number of Coalitions Reporting Activity	Percentage of Coalitions
Sponsored or organized youth-centered activities	10	67%
Coalition members attended any youth-centered activities	14	93%
Sponsored and/or organized any tribal activities	4	27%
Coalition members attended any tribal activities	4	27%
Conducted any cultural competency trainings	2	13%
Coalition members attended any cultural competency trainings	6	40%
Other activities attended related to cultural competency	6	40%
Other activities conducted related to cultural competency	2	13%

Coalition Functioning

As part of the Anti-Meth Initiative, coalitions were required to administer a Coalition Functioning Instrument (CFI) to assess the coalition's internal development and functioning, which are essential to effectiveness. The CFI was adapted from the Partnership Self-Assessment Tool developed by the Center for the Advancement of Collaborative Strategies in Health (CACSH). The CFI is a survey that asks coalition members to rate their coalition on a number of dimensions:

- Synergy (how well the collaborative process is working)
- Leadership Effectiveness
- Administration and Management Effectiveness
- Sufficiency of Non-Financial Resources
- Overall Satisfaction

In the domain of Synergy, Arizona Anti-Meth coalitions are in the "Almost On Target" zone.

Mean (average) scores are calculated for synergy, leadership effectiveness, administration and management effectiveness, and sufficiency of non-financial resources. The results are then reported as overall scores in each area and fall into four general areas of measurement or zones, shown in Table 6.

During Phase III, 12 Anti-Meth coalitions (representing 80%) administered the CFI to their coalition members. Table 6 below lists each coalition and their score for the four aforementioned domains. While coalitions reported different scores for each of the domains, responses indicate general trends within each domain. In the domain of Synergy, coalitions are in the "Almost On Target" zone, which indicates that they are doing well but have the opportunity to make progress in this area. Additionally, in the domains of Leadership Effectiveness, Administration and Management Effectiveness, and Sufficiency of Non-Financial Resources, overall coalitions are in the "Needs Work" zone, indicating that they should dedicate more efforts to building strength in these areas. No coalition scores were in the "Danger Zone." The scores achieved by Anti-Meth coalitions are appropriately reflective of community coalitions in this stage of development. The fact that coalition scores are fairly consistent across the domains of coalition functioning is indicative that coalitions are performing at a consistent level of capacity.

Table 6: Current Coalition Functioning Scores by Domain

Coalition	Synergy Score	Leadership Effectiveness Score	Administration and Management Effectiveness Score	Sufficiency of Non-financial Means Score
Apache County	2.4	2.6	3.2	2.5
Cochise County	2.3	2.5	2.7	1.9
Coconino County Anti-Meth Coalition	2.1	2.0	2.1	2.1
Gila County	2.1	2.3	2.5	1.9
Graham County	1.8	1.6	1.8	1.9
Kingman Area Chapter of the Mohave County Anti-Meth Coalition	2.3	2.5	2.9	2.3
MatForce (Yavapai County Anti-Meth)	1.8	1.8	1.8	1.7
Meth Free Alliance (Pima County)	2.1	2.2	2.5	1.9
Navajo County (NavCO Coalition Against Drug Abuse)	1.9	1.6	1.7	2.1
Pinal County Anti-Meth	1.8	2.1	2.3	2.1
Santa Cruz County	1.2	1.6	2.1	2.6
Yuma County	2.3	2.0	2.4	2.1
Key: 1 - 1.4 = On Target 1.5 - 2.0 = Almost On Target 2.1 - 3.0 = Needs Work 3.1 – 5 = Danger Zone				

*The Greenlee, La Paz, and Maricopa County coalitions did not complete the coalition functioning instrument.

Community Readiness Assessments

In order for a community to effectively mobilize on a particular issue, such as methamphetamine, strategies for action must be appropriate for the community's level of awareness, responsiveness, and preparedness to respond. Each Arizona Anti-Meth coalition was required to implement the community readiness assessment protocol developed by the Tri-Ethnic Center of Colorado State University, which provides coalitions with information detailing how ready their community is to address a substance abuse issue. The CRA also served as a proxy for measuring community mobilization, one of the required benchmarks in the Arizona Anti-Meth Initiative. Anti-Meth Coalitions received in-person, conference call, and/or webinar-based training and technical support on implementation of the CRA and were offered follow-up interview scoring from PPP for participating communities.

Upon completion of the assessment, coalitions received a readiness score from 1 – 9 (with 1 = no awareness of meth as an issue in the community and 9 = a high level of community ownership of any consequences of meth use in the community), as shown in Figure 3. As can be seen in Table 7, the results of the Community Readiness Assessments indicated that all of the participating Anti-Meth coalitions were operating in communities that were already active or prepared to take significant, local action on reducing methamphetamine use among youth.



Figure 3: Stages of Community Readiness

Table 7: Current Coalition Community Readiness Scores

Coalition	CRA Score	Appropriate strategies and goals
<ul style="list-style-type: none"> Kingman Area Chapter of the Mohave County Anti-Meth Coalition 	<p>3</p> <p>Vague Awareness</p>	<p>Strategy: Initiate events for people to take part in at a local level, seek out new and different supporters and key stakeholders.</p> <p>Goal: Increase community capability to address prevention locally by getting those community members not in-the-know, in-the-know.</p>
<ul style="list-style-type: none"> Apache County MatForce (Yavapai County Anti-Meth) Navajo County (NavCO Coalition Against Drug Abuse) Yuma County 	<p>4</p> <p>Preplanning</p>	<p>Strategy: Bring all possible ideas to the table to engage and maintain community momentum. Solicit new and different ideas from community members.</p> <p>Goal: Solidify concrete ideas to address the problem by bringing clear presentations of possible strategies/programs/activities to community members.</p>
<ul style="list-style-type: none"> Gila County Pinal County Anti-Meth 	<p>5</p> <p>Preparation</p>	<p>Strategy: Assess and analyze data noting trends, gaps and discrepancies. Pay special attention to data sources that are sustainable.</p> <p>Goal: Put in place sustainable sources of data and prepare to analyze trends. Ensure all parties required for successful implementation are at the table and that selected interventions are appropriate for the community.</p>
<ul style="list-style-type: none"> Meth Free Alliance (Pima County) 	<p>6</p> <p>Initiation</p>	<p>Strategy: Assess strategies/programs/activities for pertinent community specific information. Gather information to demonstrate the impact strategies have on the community and substance abuse issue.</p> <p>Goal: Train staff and community professionals to address gaps in strategies and improve existing services.</p>

Note: Results for seven (7) coalitions were unavailable.

Coalition Successes

During Phase III of the Anti-Meth Initiative, coalitions experienced many successes surrounding their efforts to prevent and reduce methamphetamine use. The successes reported by coalitions have been organized into five (5) general categories, including: 1) Community Events; 2) Collaboration and Partnership; 3) Media Activities; 4) Coalition Development; and 5) Evaluation. Details regarding the coalitions' successes are detailed in Figure 4 below.

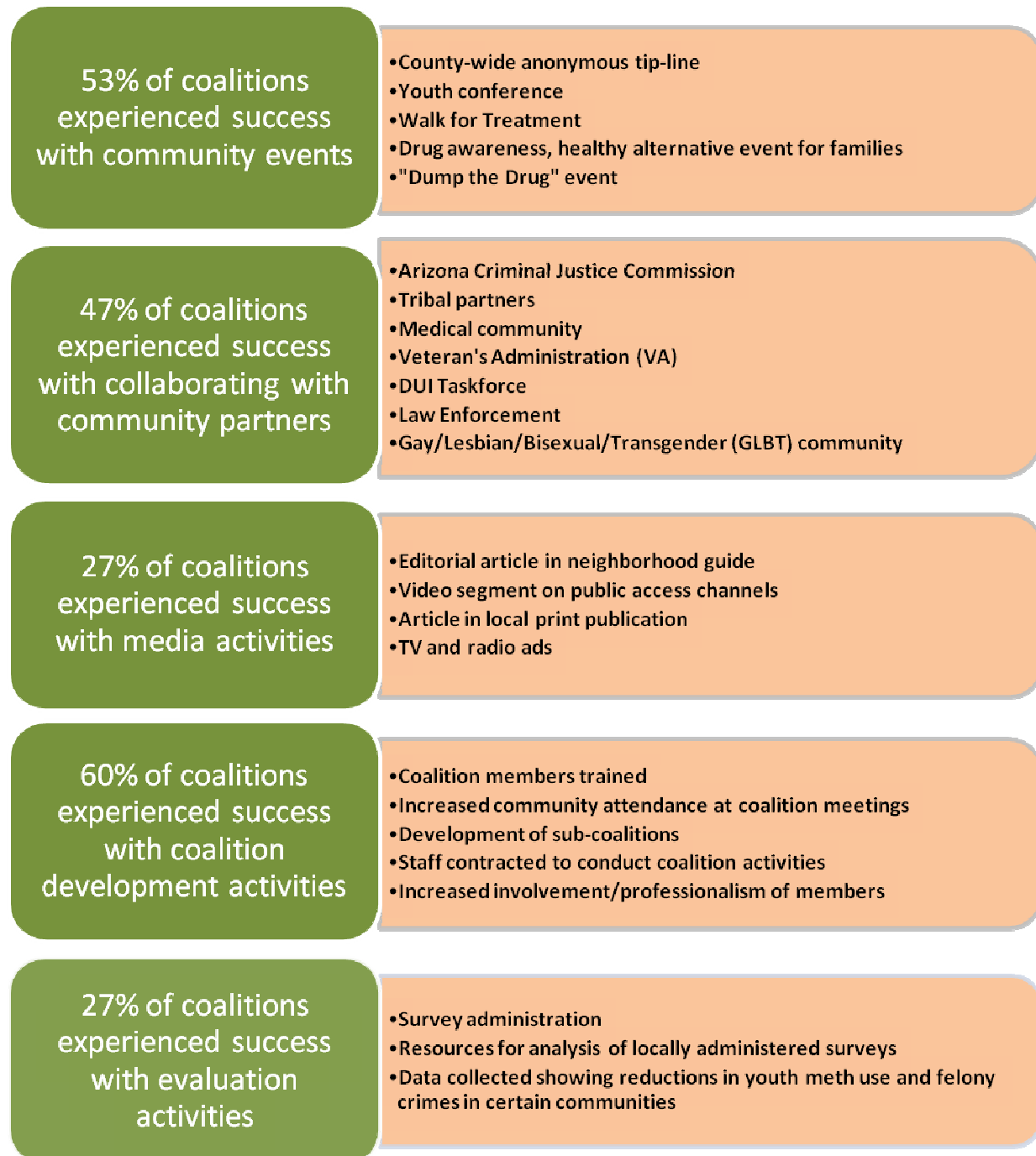


Figure 4: Summary of Coalition Successes

Coalition Challenges

Coalitions also identified some challenges surrounding their efforts to prevent and reduce methamphetamine use during Phase III of the Anti-Meth Initiative. Below, coalition challenges have been organized into five (5) general categories, including: 1) Time Constraints; 2) Community Engagement; 3) Data Collection; 4) Coalition Infrastructure; and 5) Funding or Sustainability. Details regarding the coalitions' challenges are detailed in Figure 5 below.

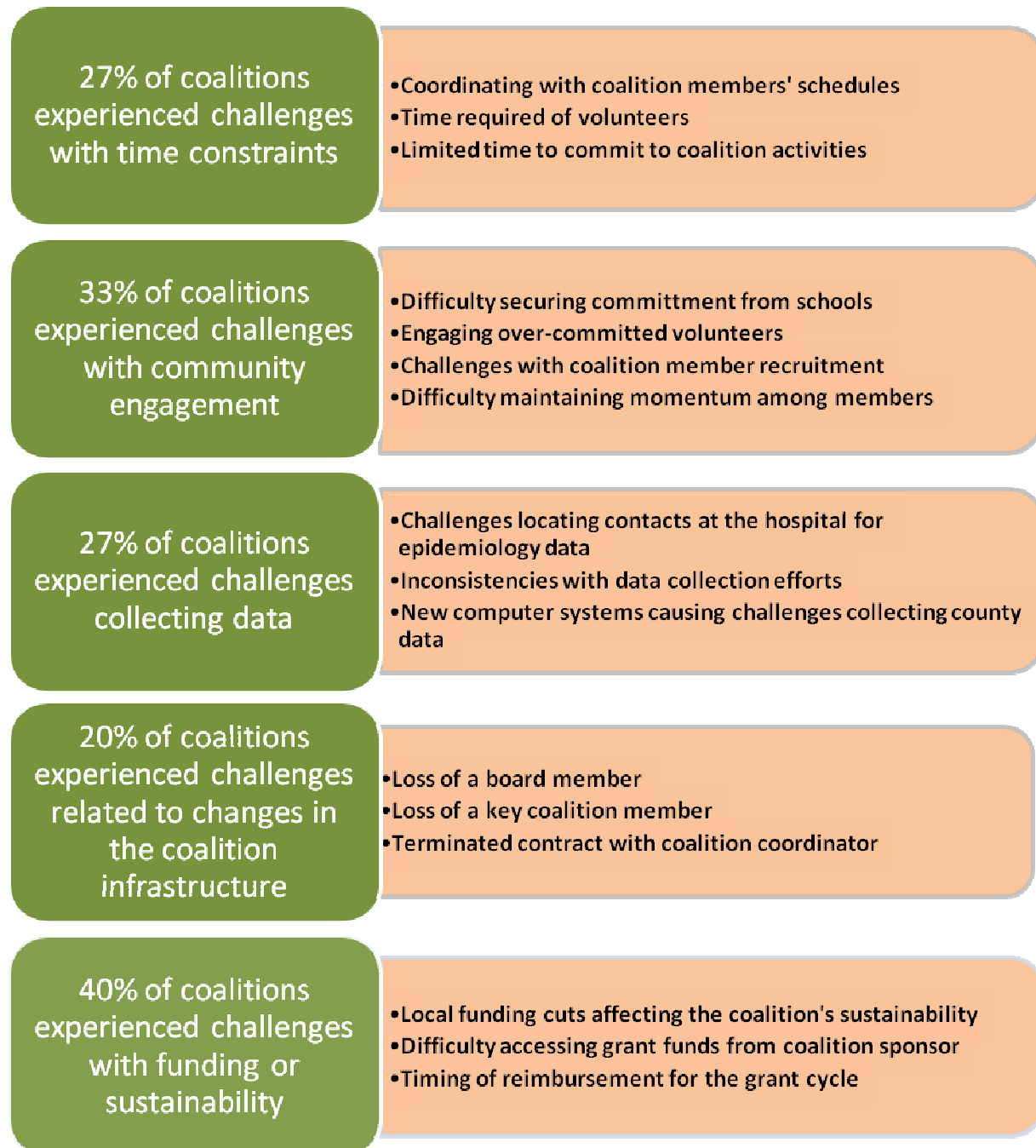


Figure 5: Summary of Coalition Challenges

Training and Technical Assistance Received by Anti-Meth Coalitions

All coalitions received on- and off-site training and technical assistance from PPP in order to accomplish Phase III deliverables. Training and technical assistance was provided to coalitions via on-site, telephone, webinar, and email. Topics for training or technical assistance were identified through a survey of coalition representatives and through one-on-one interviews.

Anti-Meth coalitions were also provided access to additional training and information by PPP at workshops and seminars conducted at the Arizona Substance Abuse Coalition Forum, the Annual Arizona Substance Abuse Conference, coalition conference calls, and webinars.

In addition throughout the year, Anti-Meth Coalitions received 40 on-site visits from PPP staff to provide training or technical assistance.

In addition to receiving support from PPP, one-third (five) of coalitions indicated they also received some form of technical assistance from other sources. Other technical assistance providers identified by the coalitions included: Community Anti-Drug Coalitions of America (CADCA), SEABHS New Turf, the Drug Free Communities Support Program, and independent contractors. The following is a list of the types of technical assistance requested or received:

Technical Assistance Topics Requested and Received from PPP

- Community assessment training
- Strategic planning
- Coalition development training
- Organizational training
- Resources for community activities
- Assistance developing measurable outcomes
- Survey and questionnaire development
- Coalition Functioning Instrument implementation
- Data analysis assistance
- Evaluation resources for reporting
- Reporting requirements
- Assistance with focus group questions
- Data management training
- Evaluation methods and techniques
- Grant development
- Sustainability planning

Technical Assistance Topics Requested and Received from Other Providers

- Fundraising and sustainability planning
- Coalition assessment based on community change
- Educational resources for health fairs and presentations
- Advocacy training
- Evaluation plan development

Conclusions and Recommendations

Summary

The State of Arizona is well on its way toward building a statewide network of community coalitions to combat methamphetamine use in Arizona, with many new coalitions being developed over the past three years and previously established coalitions increasing their capacity for effective action.

It appears that the combination of community coalition-led efforts, aggressive local, state, and federal enforcement, and state-level Arizona Meth Task Force coordination, has proven to be successful in reducing key meth use rates in Arizona.

Key Outcomes

- **Lifetime use of meth among 8th, 10th, and 12th graders went down from 4.6% to 2.9%, with a steep decline between 2006 and 2008**
- **Past 30-day use of meth among 8th, 10th, and 12th graders went down from 1.3% to 0.6%, the lowest rate since the AYS has tracked this information.**
- **Anti-Meth coalitions were active in 97 Arizona cities and towns with a total population of over 2 million people, or 34% of the total Arizona population**

Using the Strategic Prevention Framework (SPF) as the model, all funded Anti-Meth coalitions have successfully completed community assessments, built community capacity to respond to substance abuse problems in their communities, and used data-driven decision making processes to identify appropriate prevention, enforcement, and intervention strategies for their communities. Moving from planning into implementation, Anti-Meth coalitions have now engaged in a combination of environmental and non-environmental strategies to increase awareness, change norms, influence policy, and limit access to illegal substances.

Recommendations

During the course of Phase III, PPP identified areas in which coalitions would benefit from receiving additional support. Pima Prevention Partnership conducted evaluation and technical assistance through one-on-one site visits, conference calls, telephone, and email with Anti-Methamphetamine coalitions. Recommendations for addressing coalition needs regarding include:

- ✓ Provide continued funding to coalitions to allow them to plan for and achieve measurable outcomes.
- ✓ Provide on-going opportunities for communities to increase knowledge and practice prevention skills.
- ✓ Provide on-going data and data analysis to communities to help them plan and act effectively to reduce methamphetamine use.